



**FORM** 

Amendment of the Rep	ort Indicated Above
ddress of Political Committee:	CHECK FOR ADDRESS
emocratic Central Committee	

Statie Board	ST	ATIE	BO	ARD
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APR - 8 2019

	An	nendment of the Rep	ort Indicated Above	OF ELECTIONS
Full name and complete m	ailing address of	Political Committee:	CHECK FOR ADDRESS CHANGE	COMMITTEE ID #
Julie C Moo PO Box 649	ore 9	Central Committee		Committee ID: 253
Granville, I E-mail address:	L 01320	[-],	CHECK FOR E-MAIL ADDRESS CHANGE	
REPORTING PERIOD  1/1/19 3/31/1  FROM THRU	OF REPORTING \$ 4,099.		ALL POLITICAL COMMITTE STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OR SPRINGFIELD, IL 62704-4503	STATE BOARD OF ELECTIONS JAMES R THOMPSON CENTER 100 W RANDOLPH, STE 14-100 CHICAGO, IL 60601-3232
SECTI	ION A — RECEII	PTS	SECTION B — EX	(PENDITURES
Individual Contributio     a. Itemized (from Sch     b. Not-Itemized:	<del>-</del>	(1a) (1b)	6. Transfers Out a. Itemized (from Schedule B): b. Not-Itemized:	\$(6a) \$(6b)
Transfers In     a. Itemized (from Sci     b. Not-Itemized:		.32 (2a) (2b)	<ul><li>7. Loans Made</li><li>a. Itemized (from Schedule B):</li><li>b. Not-Itemized:</li></ul>	\$(7a) \$(7b)
<ul><li>a. Itemized (from Sci</li><li>b. Not-Itemized</li></ul>	· -	(3a) (3b)	8. Expenditures a. Itemized (from Schedule B): b. Not-Itemized	\$(8a) \$(8b)
<ul><li>4. Other Receipts</li><li>a. Itemized (from Sci</li><li>b. Not-Itemized</li></ul>	hedule A): \$_ \$_	(4a) (4b)	9. Independent Expenditures a. Itemized (from Schedule B-9 b. Not-Itemized	9): \$(9a) \$(9b)
TOTAL RECEIPTS (1a t	******	. 32 (TR)	TOTAL EXPENDITURES (6a thru  *******  SECTION C — DEBTS / (Include previously repo	**************************************
a. Itemized (from Sch		(5a)	10. a. Itemized (from Schedule C):	\$(10a)
b. Not-Itemized	\$	(5b)	b. Not-Itemized	\$(10b)
TOTAL IN-KIND (5a + !		(TI)	TOTAL DEBTS & OBLIGATIONS	\$
Name and address of p			**************************************	ASH BALANCE
than the committee's (	Chair or Treasure	er:	reporting perio	od: \$ 4,099.40 (A)
				(B): \$ 4,099.72 (C)
			Total Expenditures from Section B (T	
			Funds available at close reporting period (C minus D	of \$ 4,099.72 (E)
			Investments total (if applicab	le): \$ <u>4,099.72</u> (F)
VERIFICATION: I DECLARE THAT STATEMENTS) HAS BEEN EXAMIN	THIS QUARTERLY RE	PORT OF CAMPAIGN CONTRI HE BEST THE BEST OF MY KNO	BUTIONS AND EXPENDITURES (INCLUDING ACCO DWLEDGE AND BELIEF IS A TRUE, CORRECT AND C F OR INCOMPLETE STATEMENT IS SUBJECT TO A C	MPANYING SCHEDULES AND OMPLETE REPORT AS REQUIRED BY IVII PENALTY OF AT LEAST \$1001 AND

ARTICLE 9 OF TH UP TO \$5000.

lie C Moore SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

4/6/19

DATE

NAME OF POLITICAL COMMITTEE:	Ş	REPORTING	PERIOD	FOR	OFFICE USE ONLY
Putnam County Democratic Central Committee	1	/1/19	3/31/19		
CONCERT COMMITTEE	FI	ROM	THRU		
SCHEDU	ΠFΔ	<del></del>		1	
RECEIF					
CHECK THE PART OF FORM D-2, SI		IG ITEMIZER	)·		
PART #1- INCLUDING TICKETS AND RAFFLE S		LOAN T #3- INCLU	S RECEIVED	POLIT	ICAL COMMITTEE IDENTIFICATION
TRANSFERS IN PART #2- POLITICAL COMMITTEE CONTRIBUTIONS TICKET AND RAFFLE SA	TIONS X PAR	RT #4- <u>OTHE</u>	R RECEIPTS	Na. 2	253 11
SEE PAMPHLET "A GUID	E TO CAMP	AIGN DIS	CLOSURE" FOR	GUIDA	NCE.
ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUI	NT OF EACH REC	EIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
Granville National Bank 328 S. McCoy Street Granville, IL 61326	Jan/Feb interest		8 / .14 EMPLOYER:		\$ .32 OCCUPATION:
3+4HV4+45, 12-0+320		\$			\$
			EMPLOYER:		OCCUPATION:
		\$			\$
			EMPLOYER:		OCCUPATION:
		\$			\$
			EMPLOYER:		OCCUPATION:
		\$			\$
			EMPLOYER:		OCCUPATION:
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			EMPLOYER:		OCCUPATION:
		\$			\$
			EMPLOYER:		OCCUPATION:
		\$			\$
			EMPLOYER:		OCCUPATION:
		\$			\$
			EMPLOYER:		OCCUPATION:
USE A SEPARATE SCHEDULE A FOR EACH PA	ARTS 1, 2, 3, &	. 4	TOTAL	THIS PE	RIOD \$32